DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:	MAT-8526US
First Named Inventor.	Mutsuko NICHOGI, et al.
СОМ	PLETE IF KNOWN
Application Number:	To Be Assigned
Filing Date:	March 25, 2004
Art Unit:	To Be Assigned
Examiner Name:	To Be Assigned

Declaration Submitted With Initial Filing (37 CFR 1.63) Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Supplemental Declaration (37 CFR 1.67)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR PROCESSING AN IMAGE

the specification of which

X

(Title of the Invention)

was filed on Ms.rch 28. 2014 and Inject States A selication ______ or PC il International Apply actions stumber

and was amended on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
2003-091203	JAPAN	March 28, 2003	<u> </u>	Yes	No
		20, 2005			\boxtimes
Additional foreign application					
Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.					

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Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

	reby appoint:				
	Practitioners at Customer	Number <u>23122</u>			
OR	Practitioner(s) named below:				
L.,	ractitioner(s) named below.				
1	Name			Regi	stration Number
					
as m Pater	ny/our attorney(s) or agent(s) to nt and Trademark Office connect	prosecute the application ted therewith.	identified above, and	to transact a	Il business in the United States
Direc	ct all correspondence to:	Practitioners Customer	61 L : 10-4 - 11 - 15 - 15 - 15 - 15 - 15 - 15 -	~~	
				UK	
	L	Correspondence Addres	s Below		
Name	ə: 				
Addre	ess:				
City:		State:		Zip:	
Count	try:	Telephone:		Fax:	
like so	eby declare that all statements m f are believed to be true; and furtl o made are punishable by fine or ardize the validity of the application	or imprisonment, or both, und	were made with the knowledge 18 U.S.C. 1001 and	tode appoint	and the contract of the contra
Nan	ne of Sole or First Inver	ntor:	☐ A Petition has b	peen filed for	this unsigned inventor.
			771000000000000000000000000000000000000		
	Given Name (first and mi	iddle (if any))		Family Nam	ne or Surname
	Mutsuko			NIC	HOGI
Inven	itor's Signature				Date:
Reside	ence: City: Tokyo	State:	Country: Japan Citizenship: Japanes		Citizenship: Japanese
Mailing	g Address: 2-2-3, Katamachi,	Fuchu-shi			
Mailing	g Address:				
City:	Tokyo	State:	Zip: 183-0021 Country: Japan		
⊠ A(dditional inventors are listed	on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Katsuhiro		KANAMORI		
Inventor's Signature		Date:		
Residence: City: Kanagawa	State:	Country: Japan Citizenship: Japanese		
Mailing Address: 1621, Kizuki, Nakahara	ı-ku, Kawasaki-shi			
Mailing Address:				
City: Kanagawa	State:	Zip: 211-0025 Country: Japan		
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle ((if any))	Family Name or Surname		
Makoto		OISHI		
Inventor's Signature			Date:	
Residence: City: Saitama	State:	Country: Japan	Citizenship: Japanese	
Mailing Address: 3-1-20-701, Sensui, As	aka-shi			
Mailing Address:				
City: Saitama	State:	Zip: 351-0024	Country: Japan	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (le (if any)) Family Name or Surname		Name or Surname	
Norimichi	Norimichi TSUMURA		TSUMURA	
Inventor's Signature			Date:	
Residence: City: Chiba	State:	Country: Japan	Citizenship: Japanese	
Mailing Address: 5-9-1-102, Konakadai, I	Inage-ku, Chiba-shi,			
Mailing Address:				
City: Chiba	State:	Zip: 263-0043 Country: Japan		
Additional inventors are listed on 1 Supplemental Sheet.				

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page $\underline{1}$ of $\underline{1}$

Name of Additional Joint Inventor, if any:		A Petition has been filed for this unsigned inventor.		
if any))	Family N	Name or Surname		
		MIYAKE		
	·	Date:		
State:	Country: Japan	Citizenship: Japanese		
ress: 1-41-1, Yukarigaoka, Sakura-shi				
		-		
State:	Zip: 285-0858	Country: Japan		
Name of Additional Joint Inventor, if any: A Petition has been filed f		filed for this unsigned inventor.		
(if any))	Family Name or Surname			
		Date:		
State:	Country:	Citizenship:		
State:	Zip: Country:			
ntor, if any:	A Petition has been filed	for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
		Date:		
State:	Country:	Citizenship:		
State:	Zip:	Country:		
	State: State: State: State: State: State: State: State: State: State: State: State: State: State:	State: Country: Japan State: Zip: 285-0858 ntor, if any: A Petition has been (if any)) Family Na State: Zip: State: Zip: A Petition has been filed any)) Family Na State: Country: Country: State: Country:		